

**National
Institute
for the Study,
Prevention and
Treatment of
Sexual Trauma**

104 E. Biddle Street
Baltimore, MD 21202
Phone: (410) 539-1661
Fax: (410) 539-1664
e-mail address:
fredsberlinmd@comcast.net

Director:

Fred S. Berlin, BS, MA, MD, PhD, PA

Therapists:

Anne Carney, LCPC, LCADC
Jeffrey Galecki, M.S., LCAD, LCPC
Mutee Mulazim, BS, MS, PsA

Clinical Affiliates:

Shelly Lurie, MS, RN, CS-P
H. Martin Malin, PhD, FACCS

Chief Administrator:

Laura Nichols

Administrative Staff:

Patrick Campbell
Madenney Carlisle
Jessica Mandel

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Frank L. Valcor, MD
Phyllis Ward, BA, MAT

July 10, 2016

Lisa A. Peebles, Esquire
Federal Public Defender
4 Clinton Square 3rd floor
Syracuse, New York 13202



RE: Brok Chase

Dear Ms. Peebles,

I am writing regarding your above noted client in response to your request that I provide you with feedback about him based upon my professional credentials and expertise. As you know, I have not evaluated Mr. Chase clinically (although I would have been pleased to do so had the opportunity been presented). I have reviewed the information that you have forwarded which had included (1) your sentencing memorandum dated June 30, 2016, (2) neuropsychological evaluation by Allan Yazawitz Ph.D. dated January 24, 2000 and February 1, 2000, when Mr. Chase had been 13 years of age, (3) government sentencing memorandum dated July 5, 2016, and (4) your letter to Honorable Brenda K. Sannes dated July 7, 2016. Because I have had not had the opportunity to evaluate your client clinically, I am only able to give you my preliminary diagnostic and clinical impressions, rather than a series of more firm conclusions. That said, in my professional opinion, it seems very likely that Mr. Chase manifests the psychiatric disorder of Heterosexual Pedophilia.

Any psychiatric diagnosis simply constitutes a short-hand way of conveying information. When a diagnosis of pedophilia is made, that diagnosis denotes that the individual with the condition is sexually attracted to prepubescent children. In the exclusive form of that

disorder, the individual in question is only (i.e. exclusively) attracted to children. In the non-exclusive form of the disorder, the individual in question does experience sexual attractions to age appropriate partners. However, in addition he also experiences strong sexual attractions to prepubescent youngsters. Mr. Chase likely has the non-exclusive form of the disorder; given the fact that he was married. He likely has Heterosexual Pedophilia (as opposed to Homosexual Pedophilia), meaning that his attractions are towards prepubescent girls rather than boys.

According to the latest revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) the cardinal mental characteristic of a Pedophilic Disorder involves the individual in question experiencing intense, recurrent, sexual fantasies and urges about prepubescent children. Although in theory, any man is physically capable of approaching a child sexually, the average man certainly does not have to recurrently fight off intense, sexual urges for prepubescent children in order to prevent himself from acting improperly. In point of fact, the average adult experiences virtually no interest at all in interacting sexually with very young children. In the absence of needed treatment, because of the nature of their sexual cravings, persons with a Pedophilic Disorder often manifest a diminished capacity to control their own sexual behavior.

Persons do not decide to have a Pedophilic Disorder. Rather while maturing, certain individuals discover themselves to be so afflicted. As a child, at no point in time did I weigh my options, deciding whether to grow up to be sexually attracted to women, men, boys, or girls. In growing up, I discovered the nature of my sexual attractions. Similarly, assuming that Mr. Chase experiences recurrent sexual attractions towards young children, it is not because in growing up he had somehow decided to cause that to become the nature of his own sexual makeup. Surely, he would never had decided, had he had the choice, which he did not, to grow up to experience recurrent sexual attractions to children.

It might also be noted that in some cases (though thankfully not most), the sexual makeup of a boy who has been sexually abused may, as a consequence, become damaged- predisposing the development of a Pedophilic Disorder. Based upon the information that I have reviewed, that may have been the case with Mr. Chase.

Assuming that Mr. Chase does have a Pedophilic Disorder, and in my professional opinion that seems quite likely, it is his responsibility to do something about it. However, as with drug addiction and alcoholism (other conditions in which behaviors can also be driven by powerful recurrent biological cravings), doing something about it often requires accessing appropriate psychiatric-medical treatment.

As is true with alcoholism, given the current state of knowledge, pedophilia cannot be cured. However, it can be successfully treated. In some instances, that may require the utilization of sex-drive lowering medications. When a person is "hungering sexually for children", lowering that hunger via a pharmacological intervention has been associated with very low rates of sexual recidivism. In Mr. Chase's case, in addition to pedophilia, he also has had some problems with alcohol abuse. That matter will also need to be addressed as a treatment issue.

Knowing that a person has pedophilia says something about the nature of that individual's sexual makeup. A diagnosis of a Pedophilic Disorder says nothing about a person's character, temperament, or personality. Although to the uninformed, it may sound somewhat like a contradiction, the fact of the matter is that many persons with Pedophilia are not characterologically flawed. Most do not have an Antisocial Personality Disorder, and many have genuine concerns for the well-being of children. The problem is not a lack of concern for the wellbeing of children. The problem is that unlike most others, they experience sexual urges for children, and if their resolve weakens that can cause harm to a child. It may be important for Mr. Chase's [REDACTED] to understand that although he did something that was categorically wrong to her, that does not necessarily mean that he did not have a genuine love for her.

In terms of Mr. Chase's future prognosis and amenability to treatment, I would simply make the following observations. He is a first time criminal offender with no prior criminal record. He has not previously been treated, and thus, he is not someone who is either a criminal recidivist or a treatment failure. In addition to

accessing and sharing pornographic images of children over the internet, his most serious crime had involved an incestuous relationship with his [REDACTED]

[REDACTED] Recidivism rates for incest offenders are ordinarily far lower than recidivism rates for individuals who repeatedly seek out sexual involvements with children outside of the family.

Because Mr. Chase has been charged criminally, a number of additional steps can be put into place (if considered necessary), when and if he is back in the community. Those steps can include the use of electronic monitoring. There is documentation that Mr. Chase is an intelligent person; one who is fully capable of appreciating that if the court elects to show him mercy, were he to ever again violate the law, he would almost certainly die an old man in prison. Surely that knowledge can act as a powerful incentive, further motivating him to succeed in treatment.

Mr. Chase has acted in a very serious and unlawful fashion. Hopefully his [REDACTED] [REDACTED] will receive whatever help she may need. Beyond that, community safety must be a priority. That said, if within the context of paying proper heed to the need for community safety, Mr. Chase can be helped to reenter society at some point in the future as a safe and productive citizen, perhaps that can appropriately serve the interests of justice. I have seen nothing in the information that I have reviewed to suggest that Mr. Chase cannot be successfully treated.

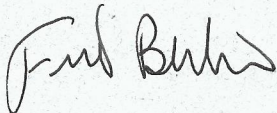
My Professional Background:

Because some reading this report may not be aware of my professional background, I will briefly touch on some aspects of it here. I have both a medical (M.D.) degree, and a Ph.D. degree; the Ph.D. degree being in Psychology. I am Board Certified as a Psychiatrist by the American Board of Psychiatry and Neurology. I am an attending physician at The Johns Hopkins Hospital, and an Associate Professor of Psychiatry at The Johns Hopkins University School of Medicine. I am also the Director of The Johns Hopkins Sexual Behaviors Consultation Unit.

As a consequence of my work, I have been an invited participant at a White House conference on child sexual abuse; invited to address various subcommittees of the United States Senate on similar matters; and invited to address Colleges of Judges in several jurisdictions. I have also been an invited participant at various symposia sponsored by the Federal Bureau of Investigation, and I have been invited to participate in a conference sponsored by The United States Sentencing Commission. One of the treatment programs that I direct has been designated a "National Resource Site" by the United States Department of Justice. In the event that it might prove useful, I am enclosing a copy of my full professional vitae along with this report.

I trust that this information will prove useful. Should you require additional information from me at this time, please do not hesitate to let me know. Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Berlin", written in a cursive style.

Fred S. Berlin, M.D., Ph.D.

Associate Professor, Department of Psychiatry and Behavioral Sciences, The Johns Hopkins University School of Medicine

Founder, The Johns Hopkins Sexual Disorders Clinic

Director, National Institute for the Study, Prevention and
Treatment of Sexual Trauma

enclosure: Dr. Berlin's vitae

cc: file